

Newsletter

Fall 2011

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Hello and welcome to the fall edition of the Coordinated School Health (CSH) newsletter. In each issue of our seasonal newsletters, we focus on one topic relating to school health concerns—including the latest research, success stories and action steps for schools. This issue highlights recently passed school health legislation and how schools are improving wellness among their students. It is important for school personnel to understand the new laws, but we also want to share how schools are already creating healthier environments to meet the latest requirements.

If you have any questions about our program or need assistance implementing Coordinated School Health or Wellness Policies, please contact us.

Thanks and have a healthy day!

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*A partnership of
the Massachusetts
Department of
Elementary and
Secondary Education
and Massachusetts
Department of Public
Health.*

Coordinated School Health (CSH)

CSH is a joint initiative between the Massachusetts Department of Elementary and Secondary Education and Massachusetts Department of Public Health funded by the Centers for Disease Control and Prevention's Division of Adolescent and School Health (CDC/DASH). Our team's primary goal is to improve school policies, environment and instruction relating to physical activity, nutrition and tobacco. Research shows that improvement in these areas contributes not only to the healthy development of students, but to their academic success as well.

CSH staff provides training and resources to schools to promote the healthy development of Massachusetts youth. Staff members also provide technical assistance, such as curriculum guidance or implementation of school physical activity, nutrition and tobacco policies. To learn more about CSH, please visit: www.cdc.gov/HealthyYouth/CSHP.

Upcoming Events

Walk to School Day – 10/05/11 Walk to School Day events are aimed at bringing forth permanent change to encourage a more walkable America – one community at a time. www.WalkToSchool.org, www.commute.com/schools

Food Day – 10/24/11 A national effort seeking to bring together Americans from all walks of life – parents, teachers, students, chefs, school lunch providers, health professionals, community organizers and local officials – to push for healthy, affordable food produced in a sustainable, humane way. www.FoodDay.org

82nd Annual MAHPERD State Convention – 11/07/11 - 11/08/11 “Move to Improve”, to be held in Worcester, MA, at the DCU Convention Center. www.ma-hperd.org

School Health Legislation– Head Injuries & Concussions

An Act Relative to Safety Regulations for School Athletic Programs, passed on July 8, 2010, required that all public middle and high schools and those non-public schools that are members of the Massachusetts Interscholastic Athletic Association (MIAA) have policies and procedures governing the prevention and management of sport-related head injuries. The regulations also include provisions regarding:

- Annual head injury safety training of coaches, athletic trainers, school nurses, volunteers, school physicians, athletic directors, and parents and students who participate in an extracurricular athletic activity
- Documentation of an athlete's history of head injuries that have occurred prior to the start of each sport season
- Procedures for identifying a head injury or suspected concussion and removing an athlete from practice or competition immediately
- Documentation of head injuries that occur during the season
- Medical clearance in those instances where a student athlete has been removed from play for a head injury or suspected concussion
- Record retention and annual reporting of incidence and prevalence statistics to the Department of Public Health

Head Injuries & Concussions in Extracurricular Athletic Activities regulations went into effect in June, 2011. View the regulations at www.mass.gov/dph under the “Regulations and Policies” link, or contact Carlene Pavlos, DPH Division of Violence and Injury Prevention, at carlene.pavlos@state.ma.us for more information.

School Health Legislation

Over the past year, several pieces of statewide legislation relating to school health were passed. Although focused on a wide variety of subject matter, all of the laws aim to improve the school health environment so that students can be ready to learn.

School Health Legislation-Nutrition

An Act Relative to School Nutrition, passed on July 30, 2010, required the Department of Public Health, in consultation with the Department of Elementary and Secondary Education, to establish standards for competitive foods and beverages sold or provided in public schools during the school day. Competitive foods are those provided in school cafeterias as a la carte items; in school buildings including classrooms and hallways, school stores, school snack bars and vending machines; and through fundraising activities, concession stands, school-sponsored or school-related events, and any other location on school property. The standards do not apply to foods and beverages sold up to 30 minutes before the beginning of the school day or 30 minutes after the school day, however, foods and beverages sold through vending machines must comply with the standards at all times.

In addition to the nutritional standards, the following food- & beverage-related regulations were mandated in the law:

- Make drinking water available to all students at no cost.
- Sell fresh fruits and vegetables at all locations where food is sold. Exception: non-refrigerated vending machines and refrigerated vending machines that only sell beverages.
- Make nutritional information available for all non-packaged competitive foods or beverages by August 1, 2013. Exception: fresh fruits and vegetables and foods sold during the day at booster sales, concession stands and school-sponsored fundraisers.
- Prepare all competitive foods without using fryolaters.

The law also required regulations for each school district to establish a wellness advisory committee. Other items listed in the bill included the training of public school nurses in screening and referral for obesity, diabetes and eating disorders; making it easier for schools to purchase directly from local farmers; enabling local health officials to conduct food safety inspections at schools; and establishing a statewide commission on childhood obesity.

The nutrition standards and wellness committee regulations were approved by the Public Health Council in July 2011. To give schools time to implement the new standards, the law does not take effect until August 1, 2012. Implementation guidelines and trainings on the new nutrition standards are currently under development and will be rolled out to schools over the 2011-2012 school year. The Coordinated School Health Program will also be offering regional School Wellness Forums across the state next year to help local districts implement the wellness committee regulations. View the regulations at www.mass.gov/dph under the “Regulations and Policies” link, or contact Laura York, DPH Coordinated School Health, at laura.york@state.ma.us for more information.



Massachusetts Success Stories: Healthy Environments

Let's Get Crackin' in Westminister, MA

A nutrition and fitness program aimed at fighting childhood obesity was a huge success last spring at the Meetinghouse and Westminister Elementary Schools in Westminister. Heywood Hospital's nutrition education coordinator, Doug Miller, started a similar program called *Off Our Rockers* in the Gardner Public Schools and shared its success with Marcia Sharkey, the nurse leader of the Ashburnham Westminister Regional School District (AWRDS). Mrs. Sharkey, in turn, expanded on those guidelines and established a program called *Let's Get Crackin'*.

The AWRDS's Body Mass Index (BMI) results from the 2009-2010 school year had become a concern of Mrs. Sharkey as she saw an increase in the BMI of children in the 4th grade. The Meetinghouse (grades PK-1) and Westminister (grades 2-5) schools no longer had a health educator because of budget cuts, and the physical education classes occurred only once a week for 40 minutes. Therefore, she felt the need to teach those young children the importance of healthy eating and physical activity.

Paula Magee, a trainer from Mount Wachusett Community College Fitness Center, and Jennifer Rios, an instructor at Fitness Concepts Health Club, were both involved in the *Off Our Rockers* program. As parents of children in the Westminister school district, both were excited to join Mrs. Sharkey in the new program's planning process. Adult volunteers—including high school National Honor Society students and peer leaders, nurses, teachers, and parents—were sought to be “team captains” for the program. Donations of healthy snacks were requested and graciously received from Hannaford Supermarkets, Stonyfield Yogurt, Cedar's Hummus, and Smith's Country Cheese.

Let's Get Crackin' was open to all children in Kindergarten, 1st and 2nd grades, and held on 5 consecutive Thursdays from 3:00-4:15pm. Letters about the program with permission slips were sent home and 49 students responded wishing to participate. In the first session, students were divided into 5 groups named after nutritious foods,

such as the “Broccoli Team,” and led by one of the team captains. Each week, students participated in a 30-40 minute workout, which included aerobics and yoga, in the gymnasium. Then they transitioned into the cafeteria to learn about the different food groups. The nutritional lessons regarding dairy, vegetables and healthy snacks were taught by Mrs. Sharkey. Chartwell's Food Service Director, Dennis Mueller, spoke about whole grains, and nursing students from Fitchburg State University taught about the importance of eating fruits every day. Each week saw the introduction of healthy new foods such as yogurt, red peppers, mangos, papayas and smoothies. Every team had a poster with the children's names listed, and students were able to place a sticker next to their names when they tried each healthy snack that was offered. The students also left each session with take-home messages and healthy recipes for their families to try.

The students were excited to participate in this after-school activity and parents overwhelmingly expressed their support for *Let's Get Crackin'*. One participant was overheard telling her dad “we need to go to the store to buy strawberry yogurt ‘cause I like it!” and several parents noted that their children were asking for healthy snacks at home and telling them how much dairy, fruit, etc., they needed to eat. Parents even sent in requests to offer an equivalent program for the upper grades. The planning team made a unanimous decision to continue *Let's Get Crackin'* the following school year and is considering a “boot camp” style format for upper grade students.

Positive Bullying Prevention in Fitchburg, MA

The Fitchburg Public School System and Fitchburg community are working together to implement a healthy environment that includes prevention of bullying and cyberbullying.

Fitchburg collaborated with the Bullying Prevention/Intervention Planning committee, the school committee/policy sub-committee, and the wellness committee on policies, prevention curriculum/school environment planning and community/school culture surveillance prior to the December

31, 2010 Department of Elementary and Secondary Education plan submittal. The work began in June 2010 and continued into the FY 2011 school year.

The new Fitchburg bullying prevention and intervention plan incorporated present school culture programming such as *Responsive Classroom*, *Second Step* and *Steps to Respect*. These programs are primarily taught in the elementary grade levels as part of regular education and in health education classes along with the overall *Michigan Model Health Curriculum*, and in health classes throughout all grade levels. There are plans to strengthen and enhance these current programs by adopting the *Michigan Model Health Curriculum* and including additional evidence-based curricula focused on strengthening bullying and cyberbullying prevention efforts. The additional programming includes the *Aggressors, Victims, and Bystanders* (AVB) program. The AVB training and AVB “train the trainer” course were attended by several middle and high school staff members this spring. The present and enhanced curriculum/programming will be integrated into the school culture and health education classes in the FY 2012 school year.

The Fitchburg school district has also worked with Elizabeth Englander, Ph.D., from Bridgewater State University's Massachusetts Aggression Reduction Center (MARC), on bullying/cyberbullying trends, prevention planning, and ongoing data surveillance. Dr. Englander presented to Fitchburg School District staff on bullying and cyberbullying prevention as part of the new school year professional development training. District staff members from all grade levels throughout the school district also attended the *MARC Fall 2010 Train the Trainer Bullying & Cyberbullying Prevention Professional Development Program for K-12 Faculty and Staff* held at the Worcester Technical High School.

The Fitchburg Public Schools are committed to working with students, families, staff, law enforcement and the community at large to prevent issues of violence and provide all students with a safe learning environment that is free from bullying and cyberbullying. This commitment is an integral part of Fitchburg's comprehensive efforts to promote learning and to prevent and eliminate all forms of bullying and other harmful and disruptive behavior that can impede the learning process.

School Health Legislation— Bullying

An Act Relative to Bullying in Schools, passed on May 3, 2010, required school leaders to create and implement strategies to prevent bullying and to address bullying promptly and effectively when it occurs. This law also mandated training for teachers and staff on prevention and intervention of bullying as well as instruction on heading off bullying for students in every grade level as part of the curriculum.

By December 31, 2010, each school district was required to develop, implement and submit to the Department of Elementary and Secondary Education (ESE) a plan to address bullying prevention and intervention. ESE contacted the handful of districts that had not submitted plans by the due date, and by January 19, 2011, 100% of required plans had been received. In January 2011, a cross-center team of ESE staff reviewed all plans and in March sent feedback letters to all entities, noting which of the required elements were complete and which were either not clear, incomplete or missing. Districts (and approved private special education schools and collaboratives) that had not addressed all required elements were asked to submit within six weeks of the letter a revised plan, an addendum to the plan or information clarifying where the information was located. Additional information is reviewed by ESE staff on an ongoing basis, and the submitter is contacted with feedback.

For more information on bully prevention and intervention, visit www.doe.mass.edu/bullying or contact Anne Gilligan, ESE Safe and Healthy Schools Specialist at agilligan@doe.mass.edu.

Research Update

Each year more than 52 million school hours are lost due to dental-related problems, affecting a students' ability to learn and concentrate in the classroom, not to mention their physical development and self-esteem. **Tooth decay is the most common chronic disease of childhood**, and is five times more common than asthma. In Massachusetts, it's estimated that more than 40% of 3rd graders have had tooth decay, increasing to about 60% for Hispanic and low-income students.

Because schools have direct and consistent contact with children, integrating oral health into existing coordinated school health programs would serve to support improved oral health and access to dental care. While offering students access to preventive dental care in school is essential, integrating oral health into every component of the coordinated school health model can help create a lifetime of dental health and general wellness.

While schools serve as the champion for a students' intellectual, physical and emotional growth, students shouldn't be expected to do it alone. Massachusetts has existing school-based oral health programs that are providing at least one, if not more, of the components within the coordinated school health model. These sources of experience should be tapped into for the sharing of resources, as well as preventive care for the health and optimal growth of the student.

Dental sealants and fluoride prevent tooth decay in children. In school year 2010-2011, more than 450 Massachusetts elementary and middle schools offered oral health services to their students. Schools, especially those with greater than 40%-50% student enrollment in the free/reduced school lunch program, should consider offering an oral health program in their school. In addition, for schools situated in non-fluoridated communities, participation in the state's free weekly fluoride mouth rinse program is essential. Currently, 282 schools participate with more than 52,000 children swishing each week.

Poor oral health can impact the academic performance and well-being of students. All school curricula, programs and policies need to include oral health, not just to promote positive health behaviors for the students, but to educate school administrators, teachers and staff and to provide a healthy school environment. For example, promoting the use of mouth guards during athletics, discussing tobacco use during health education and providing good nutritional choices not just in the cafeteria, but everywhere on school property, will engage both students and their role models with behaviors that promote a lifetime of optimal oral health.

For more information about integrating oral health into school settings and the coordinated school health model go to www.mass.gov/dph/oralhealth and www.astdd.org, or contact Lynn A. Bethel, Director of Oral Health at the Massachusetts Department of Public Health, at lynn.bethel@state.ma.us.



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